State of Ohio

ACUTE MASS FATALITY

MANAGEMENT

Local Jurisdiction Guidance

Ohio Acute Mass Fatality Management
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1. INTRODUCTION

The purpose of this guidance is to assist local jurisdictions including county coroners, emergency management agencies, local health departments and other partners in developing a plan, prior to an incident, which will enable an effective acute mass fatality response. Local agencies should use this document as an information source when developing their own plans based on local resources and conditions.

Additional information can be found in the State Emergency Operations Plan. The two sections that specifically address mass fatality planning are Tabs D and E of the ESF-8 Public Health and Medical Health Annex. Tab D addresses acute mass fatalities and Tab E addresses non-acute mass fatality plans.

2. EXPLANATION OF TERMS

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3. SITUATION & ASSUMPTIONS

3.1. SITUATION

An acute mass fatality incident may occur anywhere within a county or multiple counties as the result of a natural, accidental, or intentional incident. An acute mass fatality incident is usually a single event of short duration where more deaths occur than can be handled by local resources (tornado, airplane crash, building collapse). A non-acute mass fatality incident is one where fatalities occur over a prolonged period of time (pandemic). This guidance primarily addresses acute mass fatalities.

Because communities vary in size and resources there is no minimum number of deaths for an incident to be considered a Mass Fatality Incident (MFI). A MFI is not solely defined by the number of fatalities, but includes additional factors such as the condition of remains, accessibility of the scene, complexity of recovery, and resources available for response. The county Coroner/Medical Examiner (C/ME) is the legal authority to conduct victim identification, determine the cause and manner of death, and manage death certification during acute mass fatalities (O.R.C. 313.12).

A MFI may occur as part of a broader disaster. Efforts to conduct MFI response may occur alongside search and recovery operations, sheltering, crime scene investigation and debris removal. Therefore, mass fatality response efforts will almost always operate within a broader incident command structure, and response resources may need to be shared with other disaster recovery efforts.

Proper treatment and care of both human remains and victim's families are vital to successful incident response. Public evaluation of the government's ability to effectively manage the

disaster is based on a few key factors, especially the appropriate treatment of victims and their families. This relies on coordination with various non-governmental agencies as well as an effective public information campaign. MFI response and specifically Family Assistance Center operations will likely be one of the final portions of incident management to be completed.

3.2 ASSUMPTIONS

This guidance is based upon the following assumptions:

- During a MFI, the C/ME will still experience their normal caseload and must continue to manage both the incident and standard services.

- The C/ME has a limited number of resources – including personnel, supplies, and capacity – to respond to and manage fatalities. Incidents will occur that will surpass the limited resources of the C/ME.

- Response to a MFI may be hindered by second-order impacts from the incident or the failure of critical infrastructure.

- MFI response requires coordination with local agencies and organizations – it cannot be solely managed by the C/ME.

- The C/ME retains control and authority over fatality management, even when the response is supported by regional, state, or federal assets.

- Limitations of remains storage may necessitate mass fatality standards of response, including use of alternate storage systems such as refrigerated containers or dry ice.

- Catastrophic incidents may necessitate the implementation of mass fatality standards of response regarding the processing and identification of victims.

- Incidents resulting from an act of terrorism will involve the Federal Bureau of Investigation (FBI) as the lead investigative agency and will require close cooperation and coordination with local authorities.

- A Joint Information System will be established to manage incident related communication, including information pertaining to MFI management.

- State and regional mass fatality response-related physical resources will be available for use in conducting decedent evaluation and handling the temporary storage of bodies.

- Title 10 Department of Defense (DoD) Mortuary Affairs (MA) assets (i.e. regular military defense forces) are limited, only possessing basic MA capabilities to process victims.

- Title 32 National Guard MA assets possess restricted capability to recover victims from non-contaminated areas and from limited chemical, biological, radiological, nuclear, and high-yield explosive (CBRNE) contaminated areas.

- Family members and friends will make numerous calls and inquiries to authorities regarding their loved ones – as many as one-hundred times the actual number of victims

– during the course of the incident.

- Non-governmental agencies will be available to operate and staff FACs.

- Families will press for the quick identification and release of their family members; identification expectations must be managed early in the response.

4. CONCEPT OF OPERATIONS

4.1. ACTIVATION & NOTIFICATION

Activation of a Mass Fatality Management (MFM) Plan is dependent on various criteria presented below. The activation of the plan will allow for the formation of Unified Command or Incident Command, consisting of representatives from the C/ME, local emergency management agency, local public health, law enforcement, fire service, and any other necessary command representatives.

4.1.1. *Mass Fatality Incident Decision Points*
Any incident consistent with one or more of the following criteria may precipitate the activation of a MFM plan:
- An incident involving a protracted or complex decedent recovery operation
- A situation in which the number of decedents exceeds the C/ME's capacity
- An incident or other special circumstance requiring a multi-agency or multi-county response to support MFM operations

4.1.2. *Plan Activation*
The C/ME will be notified of an incident by routine channels of communication: local law enforcement, emergency services or the local EMA. Activation of a MFM plan should follow the illustration on the following page (Fig. 4.1). This can be adjusted depending on local capabilities. The Assessment Team concept is discussed in more detail in Section 5.1., Assessment Team.
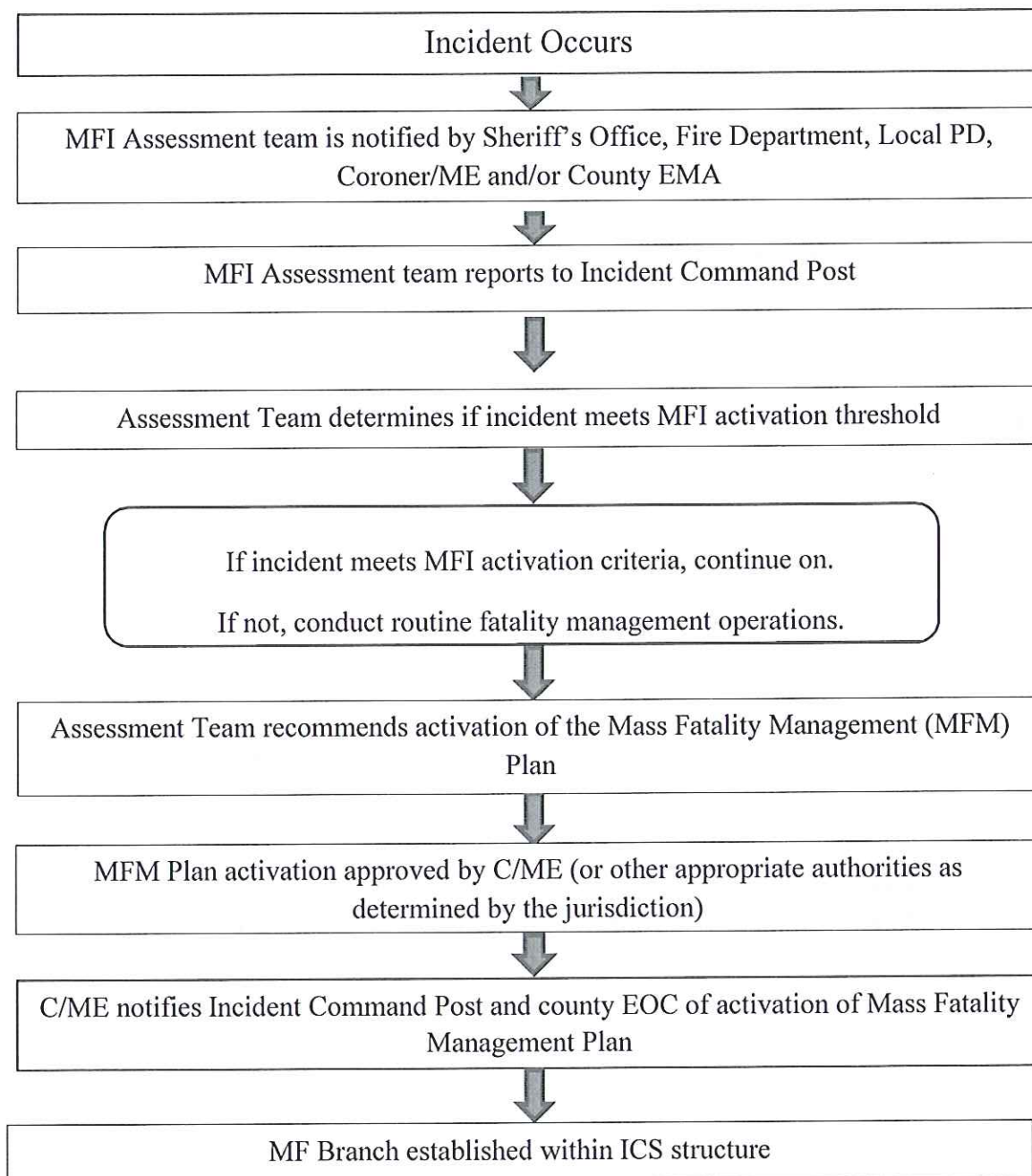
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┌─────────────────────────────────────────────────────────────────┐
│                         Incident Occurs                         │
└─────────────────────────────────────────────────────────────────┘
                                 ⬇
┌─────────────────────────────────────────────────────────────────┐
│  MFI Assessment team is notified by Sheriff's Office, Fire       │
│  Department, Local PD, Coroner/ME and/or County EMA              │
└─────────────────────────────────────────────────────────────────┘
                                 ⬇
┌─────────────────────────────────────────────────────────────────┐
│     MFI Assessment team reports to Incident Command Post        │
└─────────────────────────────────────────────────────────────────┘
                                 ⬇
┌─────────────────────────────────────────────────────────────────┐
│  Assessment Team determines if incident meets MFI activation     │
│  threshold                                                       │
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                                 ⬇
╭─────────────────────────────────────────────────────────────────╮
│    If incident meets MFI activation criteria, continue on.      │
│                                                                 │
│    If not, conduct routine fatality management operations.      │
╰─────────────────────────────────────────────────────────────────╯
                                 ⬇
┌─────────────────────────────────────────────────────────────────┐
│  Assessment Team recommends activation of the Mass Fatality      │
│  Management (MFM) Plan                                           │
└─────────────────────────────────────────────────────────────────┘
                                 ⬇
┌─────────────────────────────────────────────────────────────────┐
│  MFM Plan activation approved by C/ME (or other appropriate      │
│  authorities as determined by the jurisdiction)                 │
└─────────────────────────────────────────────────────────────────┘
                                 ⬇
┌─────────────────────────────────────────────────────────────────┐
│  C/ME notifies Incident Command Post and county EOC of           │
│  activation of Mass Fatality Management Plan                     │
└─────────────────────────────────────────────────────────────────┘
                                 ⬇
┌─────────────────────────────────────────────────────────────────┐
│        MF Branch established within ICS structure               │
└─────────────────────────────────────────────────────────────────┘
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Figure 4.1. MFM Plan Activation Procedure

4.2. AGENCY RESPONSIBILITIES

Responding to a mass fatality incident involves multiple agencies and organizations; no single agency can manage a mass fatality without support from other agencies. Each responding agency has specific activation, operations, and demobilization responsibilities. All agencies involved must work together to ensure the complete recovery and processing of remains, care of the

victims' families, and the maintenance of daily operations. For an example of tasks performed by agencies during a MFI refer to Appendix A (Example Agency Task Matrix).

Note: Appendix A is only a guide. Coordination is required with all agencies to determine if they can/will perform these tasks during a MFI. Different jurisdictions may allocate responsibilities differently than depicted. Not all tasks may be necessary in all events.

4.2.1. Activation Phase
During the activation phase, the mass fatality management needs are assessed, resources are deployed, and facilities established.

4.2.2. Operations Phase
During the operations phase MFM operations are managed and monitored to ensure provision of services. Participant agencies continue to assess their operational requirements during this phase.

4.2.3. Demobilization Phase
The demobilization phase involves three areas: (1) recognition and management of decline in MFM operations; (2) continuity of operations as resources depart, and; (3) effective transition to normal operations.

In addition, during the demobilization phase all agencies should:

- Provide After-Action Review (AAR) feedback to the County EMA
- Attend demobilization meeting(s) arranged by the County EMA
- Develop transition plans and timelines for MFM activities
- Identify long-term coordination needs and the responsible agencies

4.3. ORGANIZATIONAL STRUCTURE

4.3.1. National Incident Management System (NIMS)/Incident Command System (ICS)
Any mass fatality incidents are managed using the NIMS/ICS management guidelines which respond to five functional areas: Command, Operations, Planning, Logistics, and Finance/Administration.

The NIMS is designed to be flexible and scalable to meet incident operational needs. The designated incident commander determines the degree of organization expansion to best combat and resolve the incident. A mass fatality response will most likely be incorporated into the operations section within the overall incident command structure.

4.3.2. Organizational Chart
The organizational chart on the following page illustrates how a mass fatality incident response may operate according to ICS guidelines (Fig. 4.2). In addition to Operations, fatality management personnel may be represented in Planning, Logistics, and Finance/Administration. This is an example of how Incident/Unified Command would be established; different

jurisdictions may establish themselves differently. Not every operational component of MFI response may be activated depending on the nature of the incident.

Note: For ease of discussion throughout this guidance, individual sections (i.e. Pathology, Fingerprints, Call Center, etc.) are referred to as teams although the team may consist of only one person and a single person may serve on more than one team function based on need.
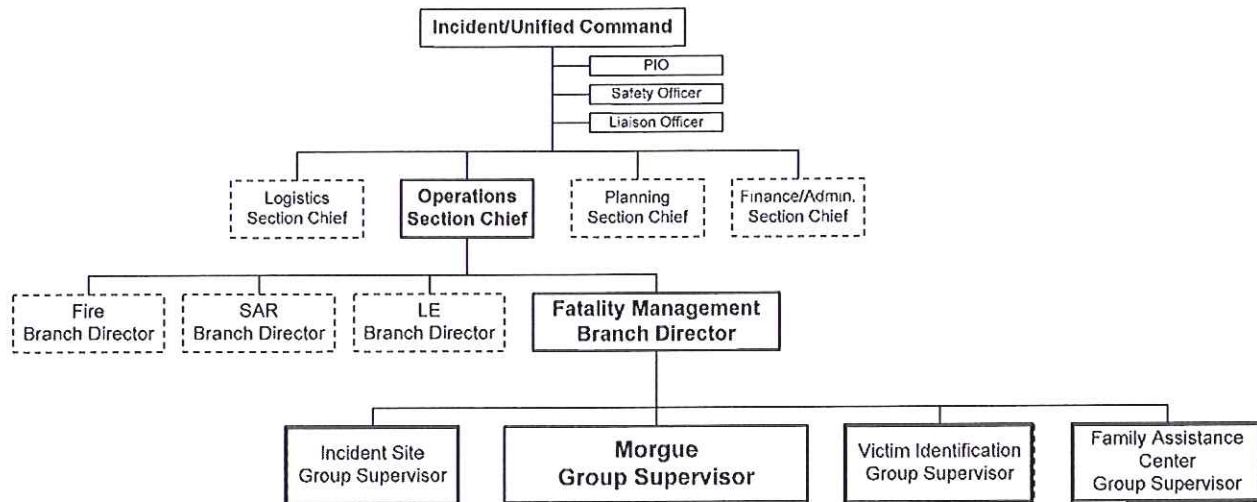

Figure 4.2. Example MFI Response Operations Organizational Chart

5. INCIDENT MANAGEMENT CONSIDERATIONS

5.1. ASSESSMENT TEAM

The function of the Assessment Team is to evaluate the incident site and determine whether the Mass Fatality Plan should be activated, and if so, determine requirements for the temporary morgue, cold storage, transportation, logistics, and the Family Assistance Center.

5.1.1. *Assessment Team Composition*
The Assessment Team may be comprised the following agencies/representatives. Different portions of the assessment may require different attendees. This list can be adjusted as needed.
- County Coroner/Medical Examiner (or designee) and team
- Representative(s) from local first responders
- Representative(s) from supporting outside agencies such as Ohio Mortuary Operations Response Team (OMORT) or United Way

5.1.2. *On-Scene Assessment*
Once the scene has been declared safe by the Incident Commander or safety officer, the on-scene assessment process can begin. If the scene has not been deemed safe for on-scene assessment, members can attempt remote assessment (by video) or other long range visual assets. The Assessment Team evaluates the site for the following information:
- Potential or actual number of fatalities
- Condition of human remains
- Size and accessibility of the incident site
- Level of difficulty in recovery
- Possible CBRNE hazards

5.1.3. *Assessment Results*
Based on the on-scene assessment, the team will determine the following:
- Type and number of personnel and equipment needed for human remains recovery, and transportation needs
- Location of temporary morgue operations (if needed) and type and number of personnel and equipment needed for the processing and identification of human remains
- Site for Family Assistance Center and an estimate of personnel needs (in concert with the FAC Group Supervisor)

5.2. LOGISTICS CONSIDERATIONS

A MFI response will require significant logistical resources. The requests, acquisition, delivery, storage, and expenditure of any and all materials, equipment, and facilities used in support of a MFI response must be managed effectively. The responsibility for all aspects of logistical support falls on the Logistics Section within the ICS structure.

5.2.1. *Incident Site*

Logistical requirements for supporting incident site operations for a MFI may include, but are not limited to:

- suitable search and recovery vehicles and equipment,
- area lighting (for night recovery),
- personal protection equipment (PPE),
- cadaver dogs,
- communications equipment,
- global positioning systems (GPS),
- body bags,
- vehicles for body transport,
- food and drinking water.

Incidents requiring decontamination of human remains will require additional and specialized resources and personnel.

5.2.2. *Morgue Operations*

Logistical requirements for the support of morgue operations for a MFI may include but are not limited to:

- building space,
- life support including electricity, running water, heating, ventilation, and air conditioning,
- cold storage (should not rely upon hospital morgues),
- computers,
- medical equipment, expendable medical supplies, PPE, and biohazard waste containers.

The logistics section will likely need to store and manage morgue supplies at the morgue. Expendable medical supplies will be depleted at varying "burn" rates, and must be monitored closely. Depletion of any given supply item could abruptly halt morgue operations and cause significant delays in the identification process. Morgue operations should routinely communicate logistical requirements to the logistics section. If necessary, OMORT has a mobile morgue that can be deployed to the incident site to facilitate processing. Hospital morgues should not be relied upon for decedent storage due to a potential requirement surge from the incident. Additional storage considerations are listed in Appendix B of this document.

5.2.3. *Family Assistance Center*

Logistical requirements supporting FAC operations for a MFI may include (but not limited to):

- communications systems (telephone, radio, public address system, and internet access),
- computers and copy machines
- furniture (desks, chairs, sofas, etc.),

- paper goods (cups, tissues, etc.),
- food (meals and snacks),
- children's activities,
- signage and badging.

In some instances, temporary lodging may need to be arranged for some or all family members. A Family Assistance Center facility must be compliant with the Americans with Disabilities Act (ADA) of 1990.

5.3. DEMOBILIZATION CONSIDERATIONS

Demobilization is the orderly, safe, and efficient return of an incident resource to its original location and status. It can begin at any point during an incident, but should begin as soon as possible to facilitate accountability of resources. The demobilization process should be coordinated between the incident command structure and multiagency coordination systems for the re-assignment of resources if necessary, and to prioritize critical resource needs during demobilization. Within the ICS structure the responsibility for demobilization falls upon the Planning Section.

5.3.1. *Incident Site Demobilization Criteria*
Demobilization for the incident site should begin when the following criteria have been met:
- All Human Remains (HR) and Personal Effects (PE) have been located and removed.
- The agencies responsible for investigation have released their control of the site.

5.3.2. *Demobilization Considerations*
Demobilization for the morgue should begin when the following criteria have been met:
- All human remains has been recovered from the site and processed through the morgue.
- Identification processes have concluded.
- Temporary storage issues for human remains have been addressed.
- Release of identifiable human remains to NOK has been accomplished.
- Disposition of unidentified human remains has been addressed.
- Radiation surveys of triage areas to ensure no radiological contamination remains.

5.3.3. *Family Assistance Center Demobilization Criteria*
Demobilization for the Family Assistance Center should begin when the following criteria have been met:
- Daily briefings are no longer needed.
- Rescue, recovery, investigations, and identification issues have decreased to the degree that ongoing operations can take place at the C/ME's office.
- Memorial services have been arranged for family and friends.
- Provision for the return of personal effects has been arranged.
- Ongoing case management and/or a hotline number has been established (if needed).

Note: It is important to know that the Family Assistance Center will most likely be the last external process to completely close.

5.4. VITAL STATISTICS CONSIDERATIONS

5.4.1. *Electronic Death Reporting System (EDRS)*

The web based EDRS application has the ability to flag death records associated with a pandemic or mass fatality event. The Vital Statistics (VS) HelpDesk can provide real time instructions to Ohio coroners, deputy coroners and local vital statistics staff on the correct use of the system flags. The "EDRS User Support Document" (Appendix F) may be used to add additional user accounts in EDRS to assist in an emergency. Questions can be directed to the vs.helpdesk@odh.ohio.gov or 614-466-2531.

5.4.2. *Coroner Personnel Surge*

Due to increased demand on the Coroner's office during a mass fatality incident, it may be necessary to increase the number of deputy coroners, pathologists and other employees. Ohio Revised Code (O.R.C.) 313.05 and the county's existing hiring procedures would govern the addition of these personnel.

5.4.3. *Rapid Reporting of Fatalities in an Emergency or Disaster*

Determining the total number of incident-related fatalities during disasters can be challenging. It can also be difficult to determining which deaths were caused by the incident. Additionally, there are many official and unofficial ways to transmit information. This creates the potential for misreporting the number of disaster-related decedents.

For these reasons, ODH may activate the Rapid Reporting of Fatalities Procedure during a disaster to expedite accurate reporting of fatality numbers. This procedure's activation will be sent out by ODH through the Ohio Public Health Communication System (OPHCS) alert platform. As necessary, ODH may send out specific case definitions, to assist in determining whether a death is event-related. If the Rapid Reporting of Fatalities Procedure is activated, coroners will send death notifications via email to ODH in order to provide more timely information. When no longer needed, ODH will send an additional OPHCS alert to notify Coroner's to cease this procedure.